

APPLICATION FOR ALASKA DRIVER LICENSE, PERMIT OR IDENTIFICATION CARD

INSTRUCTIONS: (Application must be completed in black or blue INK. Please print.)

- If you are applying for an original Alaska permit, license or state identification card, you must present proof of the following:
Legal name, date of birth, principal residence address, and social security number (card or letter from Social Security Administration).
- A CDL Application (Form 415) is required in addition to this form to obtain an original or renewal of a **CDL or CDL permit**.

FULL LEGAL NAME:	First	Middle	Last			Suffix		
ALASKA license, permit or ID number, if applicable.		Date of Birth (If under 18, see reverse.)		Sex	Height	Weight	Hair Color	Eye Color
PLACE OF BIRTH:	City		State	Country (If other than USA)		Social Security No. (AS 28.15.061)		
Mailing Address (This address will appear on the license, permit or ID unless you notify us otherwise.)				City	State		Zip Code	
Residence Address (Physical location – no PO Box or Mail Cache addresses.)				City	State		Zip Code	
Would you like to register to vote in Alaska or update (name, address, party) your current Alaska voter registration? YES NO								
Are you a United States Citizen? YES NO								
Do you want to sign up or continue to be an organ and tissue donor? YES NO								
Would you like to donate \$1.00 or more to the organ donor program? YES NO Please enter the donation amount, if applicable. \$								

To obtain a **state identification card**, answer question 1. To obtain **any type of permit or license**, answer questions 1 – 6.

1. Have you ever been known by another name? (Marriage, court, or alias) If YES, please list all previous name(s): _____ **YES NO**
2. Have you ever been licensed as a driver in another state? If YES, list the name of **ALL** the states where you have been licensed. **YES NO**
Previous State(s): _____
Previously issued license/permit must be surrendered before issuance in Alaska. If you have lost your license/permit, you may be required to obtain a driving record from the previous state before an Alaska license/permit can be issued. 2 AAC 90.420 (h)
3. Has your license or driving privilege ever been suspended, revoked, denied, disqualified, or cancelled, or is there a pending action? **YES NO**
If YES, is the suspension, revocation, denial, disqualification, or cancellation still in effect? _____ Yes No
NOTE: You must meet all reinstatement requirements before a license/permit can be issued to you. AS 28.15.211
4. Do you have any physical impairments **other than** corrective lenses? If YES, describe: _____ **YES NO**
5. Within the past five years have you suffered from a seizure disorder, heart trouble, paralysis, fainting, loss of consciousness, dizzy spell(s), mental disorder, or other health problems that might impair your driving? If YES, list the type of disorder(s) and date(s). **YES NO**
Disorder(s) / date(s): _____
Are all condition(s) under control? Yes No
If you have had a seizure or episode of loss of conscious control within the past six months, a license/permit cannot be issued to you. If you have suffered from any of the health problems listed above, a doctor's statement may be required indicating that the condition is under control and that you can safely operate a motor vehicle. In addition, the statement must indicate that you have not had a seizure or loss of consciousness within the past six months. 2 AAC 90.440
Doctor's letter provided? Yes No
6. Within the past 5 years have you been committed to or admitted to a hospital or institution for alcoholism or drug addiction? _____ **YES NO**
If YES, were you: ☐ self-committed or ☐ court ordered
If court ordered, do you have a letter from the treatment facility? Yes No

I certify under penalty of law that all statements above are true and correct.

X _____
Signature of Applicant (Sign in front of a DMV Representative) Date AMVC ID / Office Number

Parent/Guardian Consent for a Minor

Before a license or permit can be issued to an applicant under the age of 18, the applicant's parent or legal guardian must complete this section, in full, and sign in the space provided. **A DMV representative must witness the signature.**

By authorizing issuance of a license or permit, you, as the parent or legal guardian, are liable for damages caused by the negligence or willful misconduct of the minor when driving a motor vehicle. You agree to assume full financial responsibility for the minor until the minor reaches 18 years of age. (Alaska Statute 28.15.071) You may file a written request with the Division to cancel the license/permit.

In order to upgrade from an Instruction Permit (IP or IM) to a Provisional license (D or M1), the applicant must have held the permit for a minimum of six months with no driving convictions.

To graduate to a regular license, an additional six months of conviction-free driving is required. The applicant cannot have a repeat minor consuming offense within the six-month time frame prior to issuance of the license. Until a regular license is issued, or the applicant reaches the age of 18, provisional restrictions will be enforced.

Please **initial** next to the type of license/permit you are giving your consent for the minor to obtain.

<p>_____ Alaska Driver Instruction Permit (Class IP)</p> <p>_____ Alaska Provisional* Driver License (Class D)</p> <p>_____ Alaska Driver License (Class D)</p> <p>_____ Alaska Motor-Driven Cycle Permit (Class M2)</p>	<p>_____ Alaska Motorcycle/Motor-Driven Cycle Instruction Permit (IM)</p> <p>_____ Alaska Provisional* Motorcycle License (Class M1)</p> <p>_____ Alaska Motorcycle License (Class M1)</p> <p>_____ Alaska Commercial Instruction Permit (Class IA, IB or IC)</p>
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By signing below, I agree to the terms and conditions stated above. *If upgrading from a permit to a provisional license, I further certify that the applicant has had at least 10 hours of driving experience in inclement weather (snow, ice, rain, darkness, etc.), for a total of 40 hours driving experience.

	Mother Father Other (Specify) Relationship to Applicant
Printed Name of Parent or Guardian Legal Name (First, Middle, Last, Suffix)	

	Parent or Guardian Driver License Number	
Name of Applicant (Minor)		State of Issue

X

Parent or Guardian Signature (Sign in front of a DMV representative.)	AMVC ID / Office Number

FOR DIVISION USE ONLY (Scores valid for one year. Tests MUST be verified in STAR prior to issuance.)

For:	Original	Duplicate	Renewal	Reinstate	Type:	ID	A	B	C	D	M1	M2	IM	IA	IB	IC	IE	IP
	Knowledge Test	Motorcycle	School Bus	Alcohol/ Drugs	Road Test(s)	License Checks ELG / Verified				Vision Test Results								
Score						Initial each after you have verified the information.				A person who is blind in one eye must submit a vision waiver to obtain an Interstate CDL.								
Date						CDLIS				Without: Left Right _____ _____								
Office						PDPS				If the applicant passed the test with corrective lenses, a restriction 1 is required. Left Right _____ _____								
AMVC						SSOLV				With: Left Right _____ _____								
Examiner						STAR				Vision of 20/200 or worse in either eye requires a restriction 2. (Passenger rearview mirror)								
When an interpreter is used for any portion of a non-CDL test, Form 478a must be attached.																		
BIRTH & LEGAL NAME:		SSN PROOF:			LICENSE / PERMIT / ID CARD:													
Alaska License or Permit Alaska State ID Card US Birth Certificate US or Canadian Passport Active Duty or Retired Military ID Card Foreign Passport with ICE Document		SS Card SSA Letter Other: _____			Surrendered? YES NO _____ License Number State of Issue _____ NEW Number Issued													
		NAME CHANGE PROOF:			PROOF OF RESIDENCE:													
		Marriage Certificate Court Order Divorce Decree Certificate of Naturalization OTHER: _____																
					PAYMENT TYPE													
					CA CC CK													
					FEE AMOUNT: _____													
					DONATION AMT: _____													
					BATCH NO: _____													
					BATCH DATE: _____													
					PROCESSED BY: _____													
					AMVC													